) HD ****** CARING FOR CHILDREN WITH ADHD: A RESOURCE TOOLKIT FOR CLINICIANS, 2ND EDITION Overview of the 4- to 18- y-old patient identified with signs or symptoms suggesting ADHD. **ADHD Care Process** Symptoms can come from parents' direct concerns or the mental health screen recommended by the TFOMH See TFOMH Algorithms See action statement 1 Perform Diagnostic Evaluation for ADHD and Evaluate or Screen for Other/Coexisting Conditions: See action statements 2–3 Family (parents, guardian, other frequent caregivers): Chief concerns School Child/adolescent · History of symptoms (eg, age of onset and (and important community informants): (as appropriate for child's age and course over time) developmental status): Concerns Family history Validated ADHD instrument Interview, including concerns regarding behavior, family relationships, peers, school · Past medical history Evaluation of coexisting conditionsReport on how well patients function in Psvchosocial history For adolescents: validated self-report instrument of ADHD and coexisting conditions Review of systems academic, work, and social interactions Academic records (eg, report cards, Validated ADHD instrument Report of child's self-identified impression of function, both strengths and weaknesses Evaluation of coexisting conditions standardized testing, psychoeducational • Report of function, both strengths and evaluations) · Clinician's observations of child's behavior Administrative reports (eg, disciplinary actions) Physical and neurologic examination DSM-IV Assess impact on Yes Yes Coexisting diagnosis of ADHD? treatment plan conditions? See action referral as needed statement 3 No Nο Exit this guideline. Evaluate or refer, as Yes Other 9 appropriate condition? Provide education to family and child Identify the child as CYSHCN if re: concerns (eg, triggers for Nο inattention or hyperactivity) and Coexisting disorders appropriate behavior-management strategies preclude primary care No or school-based strategies management? 11 10 Inattention and/or hyperactivity/impulsivity Apparently No problems not rising to typical or developmental variation? DSM-IV diagnosis Provide education of family and 12 child re: concerns (eg, triggers for inattenton or hyperactivity) and ESTABLISH MANAGEMENT TEAM Follow-up and behavior management strategies establish co-Yes or school-based strategies management plan family, school, Identify child as Enhanced See TFOMH including coordination plan and child to 14 **Algorithms** Surveillance identify target goals. Provide education addressing concern (eg xpectations for attention 15 as a function of age) Enhanced **BEGIN TREATMENT** Surveillance (ADHD only and past medical or Option: Collaborate with family history of cardiovascular Option: Behavior management (developmental variation, school to enhance supports disease considered) problem or ADHD) and services (develop Initiate treatment variation, problem, or ADHD) · Titrate to maximum benefit. · Identify service or approach minimum adverse effects Monitor target outcomes · Identify changes · Monitor target outcomes Monitor target outcomes See action statement 6 17

TFOMH indicates Task Force on Mental Health; CYSHCN, child/youth with special health care needs.

16

Do

symptoms improve?

Follow-up for

chronic care

management at least 2x/year for ADHD issues See action statement 4

Yes

No

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Caring for Children With ADHD: A Resource Toolkit for Clinicians, 2nd Edition, Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes





Reevaluate to confirm

diagnosis and/or provide

education to improve adherence.

Reconsider treatment plan including changing of the medication or dose.

adding a medication approved for adjuvant therapy, and/or

changing behavioral therapy.



Legend

= Start

Decision

Action/process

= Continued care